SOUTHWESTERN COMMUNITY COLLEGE

HEALTH INFORMATION TECHNOLOGY

STUDENT HANDBOOK AND GUIDE TO PROFESSIONAL PRACTICE EXPERIENCE (PPE)

2020 - 2021

revised February 2020

INTRODUCTION

Southwestern Community College
Health Information Technology Student Handbook

This document is intended to serve as a reference for Health Information Technology students throughout their enrollment in the program. It is intended to be used to address issues and concerns that arise throughout their instruction.

This handbook provides policies and guidelines in addition to those designated in the Southwestern Community College Catalog and the Southwestern Community College Student Handbook. All students are expected to be thoroughly familiar with these documents.

Updates may be provided periodically to this document. It is suggested that students maintain this handbook in a manner that makes it easily accessible for future use.

I. General Information

A. The Health Information Technology Program is a health science curriculum administratively directed by Health Sciences Division of Southwestern Community College (see Appendix A).

All programs at Southwestern Community College are approved and reviewed by the North Carolina Department of Community Colleges. Southwestern Community College is fully accredited by the Southern Association of Colleges and Schools.

Additionally, the Health Information Technology program at Southwestern Community College is accredited by the Commission on the Accreditation of Health Informatics and Information (CAHIIM) in cooperation with the American Health Information Management Association's Council for Excellence in Education (CEE). This accreditation process is based on the academic program's ability to meet the HIM Associate Degree Entry-Level Competencies as established by the American Health Information Management Association (AHIMA).

https://www.cahiim.org/programs/program-directory

Students in the HIT program are expected to follow the policies, schedules, and standards of Southwestern Community College. In addition, students are expected to follow the policies of this program as distributed by this department and as stated in this manual.

Mission

The purpose of the Health Information Technology (HIT) program is to provide educational opportunities that prepare students to meet the needs and expectations of the community we serve, to meet and fulfill the professional role of the health information practitioner and the vital role they play as part of the overall information and healthcare reimbursement infrastructure in today's ever changing health care industry and field, and to help prepare the student for their own professional growth and development

Vision

The HIT faculty will continually survey and update a curriculum that promotes success and provides students with knowledge and skills to meet the American Health Information Management Association's (AHIMA) domains,subdomains, and competencies for the registered health information technicians, and maintain program accreditation through the Commission on Accreditation of Health Informatics and Information Management Education (CAHIIM).

Measured Target Outcomes for HIT Associate Degree Programs:

1. The HIT Curriculum will adopt and modify as indicated the most recent AHIMA and CAHIIM guidelines to address each Domain and Subdomain at the Associate Degree level at 100% inclusion within the program. All (100%) of courses will include practical application of concepts at the required Bloom's Taxonomy levels. To be 100% compliance with all aspects of updated curriculum, all courses will be evaluated to ensure that each Domain and Subdomain have been adequately addressed and measured at the appropriate level. Each (100%) syllabi and course outline will be reviewed by HIT faculty to assure competencies are being met in the most relevant way.

Entry Level Competency Student Learning Outcomes	**Bloom's Level**	**Curricular Considerations**
Domain I. Data Content, Structure &Standards (Information Governance)		
DEFINITION: Academic content related to diagnostic and procedural classification and terminologies; health record documentation requirements; characteristics of the healthcare system; data accuracy and integrity; data integration and interoperability; respond to customer data needs; data management policies and procedures; information standards.		
Subdomain I.A Classification Systems		

1. Apply diagnosis/procedure codes according to current guidelines	3	• Principles and applications of Classification Systems
		  ○ ICD/CPT, HCPCS
		• Taxonomies
		  ○ Healthcare data sets (OASIS, HEDIS, UHDDS, DEEDS)
		  ○ Clinical Care Classification (CCC)
		• Nomenclatures
		  ○ DSM, RxNorm, CPT
		• Terminologies
		  ○ SNOMED-CT, LOINC

2. Evaluate the accuracy of diagnostic and procedural coding	5	• Principles and applications of classification, taxonomies, nomenclatures, terminologies, clinical vocabularies, auditing
3. Apply diagnostic/procedural groupings	3	• Principles and applications of diagnostic and procedural grouping • DRG, MSDRG, APC, RUGS

4. Evaluate the accuracy of diagnostic/procedural groupings	5	• Principles and applications of diagnostic and procedural grouping
Subdomain I.B. Health Record Content and Documentation		
1. Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status	4	• Content of health record • Documentation requirements of the health record • Health information media ○ Paper, computer, web-based document imaging
2. Verify the documentation in the health record is timely, complete, and accurate	4	• Documentation requirements of the health record for all record types • Acute, outpatient, LTC, rehab, behavioral health
3. Identify a complete health record according to, organizational policies, external regulations, and standards	3	• Medical staff By-laws • The Joint Commission, State statutes ○ Legal health record and complete health record
4. Differentiate the roles and responsibilities of various providers and disciplines, to support documentation requirements, throughout the continuum of healthcare	5	• Health Information Systems as it relates to the roles and responsibilities of healthcare providers • Administrative(patient registration, ADT, billing) and Clinical (lab, radiology, pharmacy)
Subdomain I.C. Data Governance		

1. Apply policies and procedures to ensure the accuracy and integrity of health data	3	• Data stewardship
		• Data and data sources for patient care
		  ○ Management, billing reports, registries, and/or databases
		• Data Integrity concepts and standards
		• Data Sharing
		• Data interchange standards
		  ○ X2, HL-7
		• Application of policies
		• By-laws
		  ○ Provider contracts with facilities, Medical staff By-laws, Hospital By-laws

Subdomain I.D. Data Management		
1. Collect and maintain health data	2	• Health data collection tools ○ Screen design, screens • Data elements, data sets, databases, indices

		• Data mapping • Data warehousing
2. Apply graphical tools for data presentations	3	• Graphical tools • Presentations
Subdomain I.E. Secondary Data Sources		
1. Identify and use secondary data sources	3	• Data sources primary/secondary ○ UHDDS, HEDIS, OASIS • Specialized data collection systems • Registries
2. Validate the reliability and accuracy of secondary data sources	3	Principles and applications of secondary data sources
Domain II. Information Protection: Access, Disclosure, Archival, Privacy & Security		
Definition: Understand healthcare law (theory of all healthcare law to exclude application of law covered in Domain V); develop privacy, security, and confidentiality policies, procedures and infrastructure; educate staff on health information protection methods; risk assessment; access and disclosure management.		
Subdomain II.A. Health Law		
1. Apply healthcare legal terminology	3	• Healthcare legal terminology
2. Identify the use of legal documents	3	• Health information/record laws and regulations ○ Consent for treatment, retention, privacy, patient rights, advocacy, health power of attorney, advance directives, DNR
3. Apply legal concepts and principles to the practice of HIM	3	• Maintain a legally defensible health record Subpoenas, depositions, court orders, warrants
Subdomain II.B. Data Privacy, Confidentiality &Security		

1. Apply confidentiality, privacy and security measures and policies and procedures for internal and external use and exchange to protect electronic health information	3	• Internal and external standards, regulations and initiatives
		  ○ State and federal privacy and security laws
		• Patient verification
		  ○ Medical identity theft
		• Data security concepts
		• Security processes and monitoring

2. Apply retention and destruction policies for health information	3	• Data storage and retrieval • E-Discovery • Information archival, data warehouses
3. Apply system security policies according to departmental and organizational data/information standards	3	• Security processes and policies Data/information standards

Subdomain II.C. Release of Information		
1. Apply policies and procedures surrounding issues of access and disclosure of protected health information	3	• Release patient specific data to authorized users • Access and disclosure policies and procedures
Domain III. Informatics, Analytics and Data Use		
Definition: Creation and use of Business health intelligence; select, implement, use and manage technology solutions; system and data architecture; interface considerations; information management planning; data modeling; system testing; technology benefit realization; analytics and decision support; data visualization techniques; trend analysis; administrative reports; descriptive, inferential and advanced statistical protocols and analysis; IRB; research; patient-centered health information technologies; health information exchange; data quality		
Subdomain III.A. Health Information Technologies		
1. Utilize software in the completion of HIM processes	3	• Record tracking, release of information, coding, grouping, registries, billing, quality improvement, imaging, natural language processing, EHRs, PHRs, document imaging • EHR Certification (CCHIT) • Software application design and use ○ System testing and integration tools
2. Explain policies and procedures of networks, including intranet and Internet to facilitate clinical and administrative applications	2	• Communication and network technologies ○ EHR, PHR, HIEs, portals, public health, standards, telehealth
Subdomain III.B. Information Management Strategic Planning		
1. Explain the process used in the selection and implementation of health information management systems	2	• Strategic planning process • Integration of systems • Information management strategic plan • Corporate/Enterprise strategic plan
2. Utilize health information to support enterprise wide decision support for strategic planning	3	• Business planning, market share planning • Disaster and recovery planning
Subdomain III.C. Analytics and Decision Support		
1. Explain analytics and decision support	2	• Analytics and decision support ○ Data visualization, dashboard, data capture tools and technologies
2. Apply report generation technologies to facilitate decision-making	3	• Organizational design and strategic use of patient and performance data to support specific lines of business is healthcare ○ OPPS, IPPS, medical research

Subdomain III.D. Health Care Statistics		
1. Utilize basic descriptive, institutional, and healthcare statistics	3	• Mean, frequency, percentile, standard deviation • Healthcare statistical formulas ○ LOS, death, autopsy, infections, birth rates
2. Analyze data to identify trends	4	• Quality, safety, and effectiveness of healthcare • Structure and use of health information and healthcare outcomes ○ Individual comparative aggregate analytics
Subdomain III.E. Research Methods		

1. Explain common research methodologies and why they are used in healthcare	2	• Research methodologies
		  ○ CDC, WHO, AHRQ
		  ○ Quantitative, Qualitative, and mixed methods, IRB

Subdomain III.F. Consumer Informatics		
1. Explain usability and accessibility of health information by patients, including current trends and future challenges	2	• Mobile technologies, patient portals, patient education, outreach, patient safety, PHRs, patient navigation
Subdomain III.G. Health Information Exchange		

1. Explain current trends and future challenges in health information exchange	2	• Exchange/Sharing of health information
		  ○ Employer to health provider, health provider to health provider, health provider to employer, facility to facility
		  ○ HIE

Subdomain III.H. Information Integrity and Data Quality		
1. Apply policies and procedures to ensure the accuracy and integrity of health data both internal and external to the health system	3	• Quality assessment and improvement ○ Process, collection tools, data analysis, reporting techniques • Disease management process • Case management/care coordination
Domain IV. Revenue Management		
Definition: Healthcare reimbursement; revenue cycle; chargemaster; DOES NOT INCLUDE COMPLIANCE regulations and activities related to revenue management (coding compliance initiatives, fraud and abuse, etc.) AS THESE ARE COVERED IN DOMAIN V.		
Subdomain IV.A. Revenue Cycle and Reimbursement		

1. Apply policies and procedures for the use of data required in healthcare reimbursement	3	• Payment methodologies and systems
		  ○ Capitation, PPS, RBRVS, case mix, indices, MSDRGs, healthcare insurance policies, Accountable Care Organizations
		• Utilization review/management
		  ○ Case management

2. Evaluate the revenue cycle management processes	5	• Billing processes and procedures ○ Claims, EOB, ABN, electronic data interchange, coding, chargemaster, bill reconciliation process; hospital inpatient and outpatient, physician office and other delivery settings • Utilization review/management • Case management
Domain V. Compliance		
Definition: COMPLIANCE activities and methods for all health information topics. For example, how to comply with HIPAA, Stark Laws, Fraud and Abuse, etc.; coding auditing; severity of illness; data analytics; fraud surveillance; clinical documentation improvement.		
Subdomain V.A. Regulatory		
1. Analyze policies and procedures to ensure organizational compliance with regulations and standards	4	• Internal and External standards regulations and initiatives ○ HIPAA, ARRA, The Joint Commission, Quality Integrity Organizations, meaningful use • Risk management and patient safety
2. Collaborate with staff in preparing the organization for accreditation, licensure, and/or certification	4	• Accreditation, licensure, certification
3. Adhere to the legal and regulatory requirements related to the health information management	3	• Legislative and regulatory processes ○ Coding quality monitoring, compliance strategies, and reporting
Subdomain V.B. Coding		
1. Analyze current regulations and established guidelines in clinical classification systems	4	• Severity of illness systems ○ Present on admission • UHDDS guidelines
2. Determine accuracy of computer assisted coding assignment and recommend corrective action	5	• Coding specialty systems
Subdomain V.C. Fraud Surveillance		

1. Identify potential abuse or fraudulent trends through data analysis	3	• False Claims Act • Whistle blower, STARK, Anti Kickback, unbundling, upcoding • Role of OIG, RAC ○ Fraud/Abuse
Subdomain V.D. Clinical Documentation Improvement		
1. Identify discrepancies between supporting documentation and coded data	3	• Clinical outcomes measures and monitoring
2. Develop appropriate physician queries to resolve data and coding discrepancies	6	• AHIMA CDI toolbox • Professional communication skills • Clinical documentation improvements ○ Physician Role, HIM Role in CDI
Domain VI. Leadership		
Definition: Leadership models, theories, and skills; critical thinking; change management; workflow analysis, design, tools and techniques; human resource management; training and development theory and process; strategic planning; financial management; ethics and project management		
Subdomain VI.A Leadership Roles		
1. Summarize health information related leadership roles	2	• Leadership roles ○ Healthcare providers and disciplines

2. Apply the fundamentals of team leadership	3	• Team leadership concepts and techniques
		  ○ Future roles for HIM professionals
		  ○ C-Suite (within various healthcare settings, pharmaceutical companies, medical staff, hospital, clinic management, HR)
		• Business related partnerships

3. Organize and facilitate meetings	3	• Roles and functions of teams and committees ○ Work in teams/committees, consensus building • Communication and interpersonal skills • Critical thinking skills
Subdomain VI.B. Change Management		
1. Recognize the impact of change management on processes, people and systems	2	• Mergers • New systems and processes implementation ○ Risk Exposure
Subdomain VI.C. Work Design and Process Improvement		

1. Utilize tools and techniques to monitor, report, and improve processes	3	• Tools and techniques for process improvement/reengineering • Gantt chart, benchmarking and data presentation • Lean, Six Sigma
2 Identify cost-saving and efficient means of achieving work processes and goals	3	• Incident response • Medication reconciliation • Sentinel events
3. Utilize data for facility-wide outcomes reporting for quality management and performance improvement	3	• Shared governance
Subdomain VI.D. Human Resources Management		
1. Report staffing levels and productivity standards for health information functions	3	• Staffing levels and productivity standards Productivity calculations
2. Interpret compliance with local, state, federal labor regulations	5	• Labor/Employment laws
3. Adhere to work plans, policies, procedures, and resource requisitions in relation to job functions	3	• HR structure and operations
Subdomain VI.E. Training and Development		
1. Explain the methodology of training and development	2	• Orientation and training • Content delivery and media
2. Explain return on investment for employee training/development	2	• Recruitment, retention, and right sizing
Subdomain VI.F. Strategic and Organizational Management		
1. Summarize a collection methodology for data to guide strategic and organizational management	2	• Strategic and organizational management • Workflow and process monitors • Resource allocation • Outcomes measures and monitoring • Corporate compliance and patient safety • Risk assessment • Customer satisfaction • Internal and external
2. Understand the importance of healthcare policy-making as it relates to the healthcare delivery system	2	• Healthy People 2020 • IOM reports • CDC • State, local and federal policies • PCORI

3. Describe the differing types of organizations, services, and personnel and their interrelationships across the health care delivery system	2	• Managed care organizations • ACO's • Payers/providers, all delivery settings • Payers' impact to each delivery setting • Biotech • Medical devices
4. Apply information and data strategies in support of information governance initiatives	3	• Information and data strategy methods and techniques • Data and information stewardship • Critical thinking skills
5. Utilize enterprise-wide information assets in support of organizational strategies and objectives	3	• Data and information models • Data/information visualization and presentation • Critical thinking skills
Subdomain VI.G. Financial Management		
1. Plan budgets	3	• Budgets ○ Staffing, department, capital
2. Explain accounting methodologies	2	• Accounting methodologies • Cost and cash accounting
3. Explain budget variances	2	• Budget variances
Subdomain VI.H. Ethics		
1. Comply with ethical standards of practice	5	• Professional and practice-related ethical issues • AHIMA Code of Ethics
2. Evaluate the consequences of a breach of healthcare ethics	5	• Breach of healthcare ethics
3. Assess how cultural issues affect health, healthcare quality, cost, and HIM	5	• Cultural competence • Healthcare professionals self-assessment of cultural diversity • Self-awareness of own culture • Assumptions, Biases, stereotypes
4. Create programs and policies that support a culture of diversity	6	• Diversity awareness training programs: age, race, sexual orientation, education, work experience, geographic location, disability • Regulations such as ADA, EEOC
Subdomain VI.I. Project Management		
1. Summarize project management methodologies	2	• Project management methodologies ○ PMP

Subdomain VI.J. Vendor/Contract Management		
1. Explain Vendor/Contract Management	2	• System acquisition and evaluation
Subdomain VI.K. Enterprise Information Management		
1. Apply knowledge of database architecture and design	3	• Data dictionary, interoperability
Supporting Body of Knowledge (Pre-requisite or Evidence of Knowledge)		
Pathophysiology and Pharmacology		
Anatomy and Physiology		
Medical Terminology		
Computer Concepts and Applications		

2. The program will provide a plan for faculty that establishes or assesses the knowledge, skills, qualifications, and experience pertinent to the professional curriculum content that they are assigned to teach. This includes efforts to keep current in HIM and/or other relevant professional content and practice as well as other components of advanced formal education. 100% of faculty will maintain CE hours for credential maintenance that are discipline specific and will meet the college requirement of at least 12 professional development hours for advanced formal education that are teaching related. All funding for CE will be requested in the HIT budget.

3. The program will provide assurance that the educational needs of students are meet and that graduates demonstrate at least the AHIMA entry-level curriculum competencies. 100% of students will receive positive evaluations and a grade of "C" or better in the 200 level HIT courses. 80% of students will successfully write the RHIT exam on the first attempt. 80% of HIT graduates will be employed in Health Information or related field within six months of taking the RHIT examination. 100% of employers who return the Employer Survey will express satisfaction with the entry-level skills of HIT graduates.

4. The Advisory Committee will assist program faculty and sponsoring educational institution personnel with the development and revision of program goals and curriculum, monitoring program needs and expectations, and ensuring program responsiveness to change. One guest lecturer from the Advisory Board will be invited to speak to the class concerning current industry trends each spring during the Professional Issues class. The HIT Advisory Board will meet at least annually to assess the community concerns and needs, to discuss and make revisions/recommendations as appropriate to the program goals and curriculum, and to make suggested changes to the program where indicated.

5. To increase enrollment and retention by actively recruiting students for the HIT program, the plan is to enroll 10 new students annually and retain 75% of enrolled students from first to second year. The second year students will be given a project to recruit new students by presenting at high schools, health facilities, job fairs, etc. An HIT Facebook page will be maintained and the college HIT program page will remain updated.

AHIMA Domains, Subdomains,

DEFINITION OF THE COMMUNITY SERVED BY THE HEALTH INFORMATION TECHNOLOGY PROGRAM.

1. Students

The HIT program is part of a state supported community college. The student population is predominantly female at this point. Most are residents of Jackson, Macon, and Swain counties, enrolled full-time, and are pursuing a degree in a daytime technical program.
2. Employers Potential employers within the geographical area include physicians' offices, hospitals, long term care centers, ambulatory care centers, and an array of specialized treatment facilities.

3. Health Care Agencies/Institutions

Many of the health care agencies/institutions in the area who will be the employers of the graduates of this program, will also serve the very necessary role of serving as clinical affiliation sites in the training of students in the HIT curriculum. The wide range of health care agencies/institutions in this area should provide a variety of clinical experiences from which the student can gain a better understanding of his/her role as a health information practitioner.

III. Faculty Information

A. Current Faculty:

Penny Wells, M.A.Ed, BS, RHIA
Program Director/Instructor/Advisor
Health Information Technology
Health Informatics Certificate
Medical Coding Certificate
Balsam Center 215
Southwestern Community College
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B. Faculty Availability

Hours of faculty availability are posted on the door of the faculty members' office and will differ from semester to semester. Other hours available by appointment.

IV. Description of the Profession

Health Information management is the profession that focuses on health care data and the management of health care resources. The profession addresses the nature, structure, and translation of data into usable forms of information for the advancement of health and the health care of individuals and populations. Health Information management professionals collect, integrate, and analyze primary and secondary health care data, disseminate information and manage information resources related to the research, planning, provision, and evaluation of health care services. The e-HIM Vision for the Future indicates that dramatic changes in health

information management demands new thinking about how we educate tomorrow's professionals. HIM professionals must continuously transform their knowledge, skills, and abilities to keep pace.

A. Description of a Health Information Technician

The health information technician is the professional responsible for maintaining components of health information systems consistent with the medical, administrative, ethical, legal, accreditation and regulatory requirements of the health care delivery system. In all types of facilities, and in various locations within a facility, the health information technician possesses the technical knowledge and skills necessary to process, maintain, compile, and report health information data for reimbursement, facility planning, marketing, risk management, utilization management, quality assessment and research; abstract and code clinical data using appropriate classification systems; and analyze health records according to standards. The health information technician may be responsible for functional supervision of the various components of the health information system.

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C. PROFESSIONAL ORGANIZATIONS

The American Health Information Management Association (AHIMA) is the national professional organization of health information administrators and technicians.

The North Carolina Health Information Management Association (NCHIMA) is a component state association of AHIMA and is a state-wide affiliated group of health information technicians, health information administrators, and interested individuals. NCHIMA is divided into regions whose function is to provide continuing education on a local basis.

Membership in AHIMA is strongly encouraged for all first year class members, and is **required** for all second year students.

Membership in AHIMA automatically allows for membership in NCHIMA. By joining these groups a student receives a subscription to the monthly publication entitled The Journal of the American Health Information Management Association (JAHIMA) and receive reduced or free registration fees at educational meetings, textbook discounts, and a discount on the RHIT exam.

The cost of the national student membership is updated annually.

The local component of NCHIMA is the West Region. Membership in AHIMA includes membership at the local level.

D. Earning and Maintaining Accreditation

The goal of the graduate of the HIT program is to successfully complete the accreditation examination of the American Health Information Management Association (AHIMA), administered year round via computer; thereby, becoming credentialed as a Registered Health Information Technician (RHIT).

The American Health Information Management Association in its quest for the maintenance of high professional standards has a mandatory continuing education requirement which must be met to maintain credentials. An RHIT must complete 20 clock hours of continuing education every two years, with 50% of these hours coming from the core content. Failure to complete these required CE hours results in revocation of the individual's registration status rendering that individual unable to use the designated credentials of a Registered Health Information Technician (RHIT).

V. The Educational Process

A. Curriculum Framework:

The HIT curriculum is designed to be a five semester program. This five semester program requires completion of the courses listed in the curriculum (https://www.southwesternncc.edu/health-sciences/health-information-technology).

While the ideal method to complete the curriculum as it is currently designed, is to be enrolled as a full-time student, it is recognized that for a variety of reasons this is not possible for all students. Therefore, it is the intent of this program to work in every possible way to meet the needs of the student seeking part-time program completion without compromising the level and intensity of the educational process. It must be realized by the student that like most other health care professions, health information courses must be taught in a specific sequence to follow a logical pattern of thought and training. Because of this, there are numerous courses with prerequisites. Additionally, due to limited faculty and clinical site resources, the HIT courses are taught currently once per year. This means that if a student misses or elects not to take one of these sequential courses, completion of subsequent course work may not be possible any earlier than one year later. A student may take related and general courses according to their own preferred schedule in accordance with prerequisite requirements to pursue this degree at a less than full-time basis.

B. <u>Clinical Education (Professional Practice Experience)</u>

Clinical education is the practice of training in one's field at the physical location of a health care setting and learning from participation in the accomplishment of tasks of the profession. It involves the practice of tasks and functions in a hospital or health care facility in order to better understand and correlate theory into actual performance. When this is not possible (due to a high volume of teleworkers in the area), classroom simulations, guest speakers, and hands-on learning as a group may also be incorporated in the clinical education. Clinical education, known as Professional Practice Experience (PPE), is a vital component of health information education and the completion

of clinical education is an extensive aspect of the second year of this curriculum. In the Fall 2 semester, students will obtain 48 hours of PPE (HIT 122), in Spring 2, there will be 144 total hours (HIT 124 and HIT 222).

C. Confidentiality Statement

Throughout the educational experience of the HIT student, both in the classroom and the clinical setting, actual patient records will be utilized for training purposes. While the identity of records used in the classroom has been altered, the identity of the records in the clinical setting is that of the individual whose name appears on them.

As the confidentiality of patient information is of the highest priority, it must be realized by the student that any action resulting in the inappropriate access or release of unauthorized information can result in disciplinary action, including dismissal from the Health Information Technology Program.

The Confidentiality Statement (see Appendix D) includes information regarding this disciplinary action and this statement must be signed by the student prior to contact with or use of medical information.

D. Admission Procedures

To gain admission into the HIT program, a prospective student must follow a series of steps in a standardized review process. Please refer to the College Academic Catalog (https://www.southwesterncc.edu/sites/default/files/SCC%20Catalog/2015-16%20SCC%20Catalog-web4.pdf)

. A student must have a GPA of 2.5 to be admitted to the program. A student may leave and re-enter the HIT program no more than three times, and must complete the program within 6 years of the start date.

If you are a student who has previously been in another SCC program, applying for the HIT program will result in a transfer of your student records from your prior program to the HIT Program Director. If you were dismissed from your prior program, the HIT Program Director maintains the right to choose not to accept you in to the HIT program, depending upon the reason for dismissal.

Policy on Advanced Placement, Transfer Credit, and Credit for Experiential Learning
Advanced Placement (Credit by Exam) –To be eligible for credit by exam, an individual must demonstrate competency through past work experience or previous coursework. This will be on a case-by-case basis, and must follow the college criteria for advanced placement (including fees). The HIT Program Director will make the final determination regarding credit approved.

Transfer Credit - Students may transfer in general education courses and if approved by the registrar, the Division Dean, and the HIT Program Director will receive credit for these courses. The only course credit that will be given for prior HIT courses will be for those courses taken within six years of enrollment to the SCC HIT Program from a CAHIIM accredited HIT Program within North Carolina with a grade of "C" or better. Other HIT courses from CAHIIM accredited programs out of state will be looked at on a case-by-case basis and a decision will be made by the HIT Program Director and Division Dean. Experiential Learning – A student with a background of working in the HIT field may receive PPE credit based on the level of work completed. This will be evaluated on a case-by-case basis. If the student is approved, they must submit a written notebook answering the objectives for the PPE course that is required. They must also obtain two letters of recommendation from past supervisors attesting to their work on the job that supports the student statement of experience. In all cases, the student will have to register for the course and pay the required tuition in order to receive credit for the course.

E. Grade Standards and Progression Policy

It is expected that the student perform at their optimal level in all course work. Because of the nature of any type of health career, it is important that the student be well prepared in the biological sciences, medical terminology, and HIT courses. With this in mind, it is suggested that a student set as a goal the attainment of a minimum grade of "C". The program requires that students maintain a high level of academic and clinical performance. Failure to meet these standards will prevent normal progression through the program.

Students must remember that their grades will be an indication to future employers of their ability to perform in the work setting. Often, employers establish minimum grades which must be met before an individual can be

considered for certain areas of employment.

A minimum grade of "C" is mandatory in all Health Information Technology courses (those with a prefix of HIT). A student may not progress to the next semester in the program without having made a "C" or better in the HIT courses of the current semester. Because of the sequential order of the courses and the fact that each course is taught once annually, a student must realize the implications of delays caused by less than "C" level work.

A student must maintain a grade point average of 2.0 to continue taking HIT courses. A student whose cumulative average falls below 2.0 at the end of any semester while taking HIT courses will be allowed one semester in which to raise his/her cumulative average to 2.0. The student may enroll in no further HIT courses until a cumulative grade point average of 2.0 is reached. The student may not be able to enroll in the Professional Practice courses unless a grade of "C" or better is maintained in the HIT and related courses. Also prior to Professional Practice, the student must submit the required physical examination, immunization forms, background checks, drug screen, CPR, back safety training, and proof of insurance purchased through the college. These completed forms must indicate that you are capable of meeting the health requirements of the program.

Clinical sites have the right to require a criminal background check and a drug screen. All HIT students will submit to a background check and drug screening prior to attending PPE. SCC will direct the student on who to contact to perform these checks. The HIT Program Director will not have access to your records, but the clinical site will be able to view the result to determine if they will accept you as a student intern. Each clinical site has its own set of requirements concerning background checks, drug screens, and immunizations. Failure to comply with your designated clinical site's requirements will result in dismissal from the clinical site and possibly the HIT program. If you are dismissed after you have started your PPE, you will earn an "F" for the course.
If the student is not allowed to enter the designated clinical site or if the student is dismissed from the clinical site for any reason, the student may be dismissed from the HIT program due to the inability to complete the course and thereby progress in the program. The student has the right to appeal this decision.

Age of Coursework
As per the SCC guideline, for all HIT prefix courses, the entire program must be completed within a 6 year period. Therefore, once you begin the HIT program, you will have a total of 6 years to complete or you will be required to re-take the HIT prefix courses.

F. Student Employment Policy

Although the ideal situation would be that students not be employed during their enrollment in the HIT program, it is recognized that for many students this is impossible due to financial and other constraints.

The student should realize that the demands of employment cannot interfere with the demands of student activity in any way and that scheduling of courses will take precedence over the scheduling of their work activities.

Students should also note that they will generally not be assigned to a hospital clinical site in which he/she is currently or has been previously employed. To do so could put both the student and the various personnel involved in the clinical experience at the site in a potentially difficult situation for evaluation purposes.

It must be recognized by both students and the clinical site that students enrolled in the clinical education phase of this program should not be substituted for regular staff in performing tasks or in striving for a reduced workload; rather, clinical education is a learning experience allowing for hands on training and activities.

G. Expenses

Current information regarding tuition and student activity fees, etc. can be obtained from the most recent edition of the SCC Catalog or other official publication. As with all health science programs, texts are very costly and because of the importance and future use, the student will not likely desire to

sell them. Additional expenses (subject to change) specific to the HIT program include, but are not limited to:

	In-State Tuition		Out-of-State Tuition
Hrs	Tuition + Activity +Tech Fees	Hrs	Tuition + Activity +Tech Fees
1	$79.00	1	$271.00
2	$158.00	2	$542.00
3	$237.00	3	$813.00
4	$316.00	4	$1,084.00
5	$395.00	5	$1,355.00
6	$474.00	6	$1,622.00
7	$553.00	7	$1,897.00
8	$632.00	8	$2,168.00
9	$711.00	9	$2,439.00
10	$790.00	10	$2,710.00
11	$869.00	11	$2,981.00
12	$948.00	12	$3,252.00
13	$1,027.00	13	$3,523.00
14	$1,106.00	14	$3,794.00
15	$1,185.00	15	$4,065.00
16	$1,264.00	16	$4,336.00
	NC RESIDENT TUITION (Maximize hours charged 16)		$76.00 per credit hour

	NON-RESIDENT TUITION (Maximize hours charged 16		$268.00 per credit hour
	ACTIVITY FEE (Maximum hours charged 16)		$2.00 per credit hour
	TECHNOLOGY & COMPUTER FEE (included above) (Maximum hours charged 16)		$1.00 per credit hour
	STUDENT ID		$1.00 each Fall
	COURSE CREDIT BY EXAM		$25.00/course, In advance
	ACCIDENT INSURANCE		$15.00 each Academic Year
	MALPRACTICE INSURANCE		$30.00 each Academic Year
	BACKGROUND CHECK		$35.00
	DRUG SCREEN		$65.00
	AHIMA MEMBERSHIP DUES		$49.00
	MEDICAL FORM/PHYSICAL EXAM		$0-120.00
	IMMUNIZATIONS/TITERS		$0-250.00
	HIT TEXTBOOKS		~$2,200 (if purchased new)
	EHRgo (SUBSCRIPTION FEE)		$45
	TRAVEL TO PPE		varies

H. Medical and Malpractice Insurance

All HIT students are encouraged to carry hospitalization and medical insurance. While very limited patient contact is necessary as a health information technology student, it frequently is necessary to conduct educational and/or training sessions in and/or around patient care areas. Because of this, a minimal increase in incidence of disease might be realized.

All HIT students are **required** to purchase liability and malpractice insurance prior to their clinical affiliation. Arrangements for this shall be made prior to the Fall semester of their second year. This is to be purchased in the Business Office. The cost (varies) to the student is around $30.00.

I. Infectious Disease Policy

Because of the nature of the health care profession, students participating in required clinical education experiences may find themselves at risk for exposure to infectious diseases. Even though the risk is extremely small and in particular, it is less for those health professions not usually requiring patient contact (such as health information technology), the possibility of exposure cannot be totally eliminated. Techniques to minimize exposure will be used at all times by staff responsible for the activities of health information technology students.

Prior to the assignment to the clinical site, the student must provide medical documentation to verify that the student is free from and immunized against infectious diseases. No student shall be placed at a clinical site without this documentation having been received by the HIT Program Director. Each student will receive their medical form at the beginning of their freshman year. Specific instructions such as responsibility of payment for a physical

exam, dates by which these forms must be completed by a physician of the student's choice, and date to be returned to the program director will be provided at the time the student receives the form. Students are responsible for carefully reading and following **all directions/instructions** throughout the medical history forms. Students are also responsible for making sure their physicians follow all directions regarding: completion of all required vaccinations, testing, information/documentation dates, and signatures as indicated on the medical history forms. This information must be complete. Failure to follow these directions by the deadline date will be considered an incomplete application and the student will not be allowed to participate in Professional Practice. Responsibilities and example of medical for Appendix E.

Required immunizations (mandatory under North Carolina State Law) are as follows:

1) DPT or Rd
2) Td Booster
3) MMR (measles, mumps, rubella) - documentation of positive results
4) Rubeola Immunity - students born between 1957 and 1968 must provide documentation of vaccination with the live measles vaccine
5) Tuberculin (PPD) Test - documentation of positive results. If positive PPD, chest x-ray and results are required
6) Hepatitis B series
7) Seasonal Influenza

Any student with an infectious disease must report this to the faculty member in charge of the clinical experience. As necessary, consultation will be made with the staff of the infection control department of the hospital to which the student is assigned or to the responsible party to determine the student's eligibility to participate in the clinical experience. Students cannot participate in clinical experiences when it has been determined that a significant risk of transmission occurs.

Drug policy for clinical sites:

1. SCC policy 6.03.02 and 6.03.04 states a student may not possess or use any mind altering substances etc. while on campus or at any campus sanctioned function (trip, outing etc) Please re-read those policies.
2. If a faculty member observes a student they feel is impaired and putting themselves or others in potential danger they may pull them out of class and follow established SCC policy.

3. If a faculty member observes a student they feel is impaired and putting themselves, others or patients in potential danger they may put the student from clinical and direct that student to have someone pick the student up from the clinic site. This will count as an absence for the day. If no one can pick the student up the student may sit quietly in a break room or office area until they can be picked up. If the student leaves after be counseled not to do so fully document the events in Maxient as soon as possible.

4. If a clinic employee observes a student whom they feel is impaired the facility may apply the same standards to the student as they do for an employee. These actions are at the sole discretion of the facility. Faculty will refer to number 3 above to determine how to act.

In all cases the faculty member who witnessed or was informed of the incident will place the incident in Maxient.

J. Information Regarding Clinical Sites

1. Clinical sites will be selected from health care settings within a reasonable commuting distance (as determined by the HIT faculty) from Southwestern Community College.

2. A student currently or previously employed in a health care facility will generally not be assigned to that facility for the primary clinical experience. To do so could create difficulty in assessing student performance.

3. Student transportation and all costs involved in the performance of clinical duties shall be assumed by the student. Student car pools are the responsibility of the individual student and are not the responsibility of the Program or the College.

4. No reimbursement/salary/benefits will be awarded to the student for any efforts made in the course of the clinical affiliation. It must be remembered at all times that this is a learning experience utilizing a hands-on approach and it should not be viewed or interpreted as a method to increase the work force of a clinical site.

5.. Students are to park only in the areas designated for student use by the clinical site. All costs incurred as a result of parking are the responsibility of the student.

6. **The use of cell phones (including texting) is not permitted in the classroom setting**. In the clinical setting, cell phones may only be used during break periods. This includes TEXTING. If the facility prohibits the use of cell phones in the building, students must adhere to this rule. Breach of these rules will result in disciplinary action.

7. SCC is a tobacco-free campus, as are the clinical facilities. It is inappropriate for students to smell like smoke while at clinical.

K. HIT Program Dress Code for Clinical Sites:

Student attire at the clinical site shall consist of clothing that is clean and neat.
Your appearance should present you in a professional manner. First impressions matter, so consider this in your wardrobe selection. In some instances,
it will be necessary to follow the dress code of the clinical site facility.

A. Female students are expected to wear clothing that is considered business attire. Dress slacks or skirts/dresses of appropriate length are acceptable. Tops/blouses should not have plunging necklines or be excessively tight. No leggings are allowed at the clinical site.

B. Male students are expected to dress in a likewise professional manner which should include slacks and dress shirt. It is preferred that a male student wear a tie and that it be coordinated with his attire.

C. Blue jeans, shorts, halter tops, tee shirts with graphic/written patterns or other attire deemed to be inappropriate by the HIT faculty or the clinical site shall not be allowed.

D. Shoes should be comfortable, well cared for and should be appropriate for professional attire. No tennis/athletic shoes or flip-flops allowed.

E. Students must wear, at all times, in the clinical facility a name tag which shall identify them as Health Information Technology students representing Southwestern Community College. Students should use their SCC issued identification card (with photo) as a name tag. Students are responsible for purchasing a holder to display the name tag.

SOUTHWESTERN COMMUNITY COLLEGE
HEALTH INFORMATION TECHNOLOGY

CONFIDENTIALITY STATEMENT

Students in the HIT program at SCC will be working with PHI (Protected Health Information) of actual patients in various types of health care facilities and in the classroom. It is imperative that the student follow HIPAA (Health Insurance Portability and Accountability Act) guidelines including, but not limited to the following:

1. **Legally, the information belongs to the patient. Any violation of confidentiality, privacy, or security of patient information is punishable in a court of law.**
2. **The Professional Code of Ethics of the American Health Information Management Association (ahima.org) stipulates that maintaining confidentiality of patient information is a part of the professional responsibility and integrity.**

Health records in the clinical setting or the practice lab must never be copied, removed, or destroyed.

Having read the above, I do hereby agree to maintain the confidentiality, security, and privacy of all PHI to which I am exposed. I understand that failure to abide by this agreement will result in immediate dismissal from the program.

Student

Print Name: _____

Signature: _____ **Date:** _____